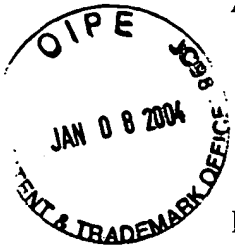


#5/2
1-4-04

11-347419US
Amendment dated 01/08/2004

09/727,499
Reply to office action mailed 10/10/2003

01750024aa



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of
Nobuo Takahashi

Serial No. 09/727,499

Group Art Unit 2623

Filed December 4, 2000

Examiner V. Bali

For APPARATUS AND METHOD OF INPUTTING FINGERPRINTS

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

JAN 09 2004

Technology Center 2600

AMENDMENT UNDER 37 C.F.R. §1.111

Sir:

In response to the Office Action mailed October 10, 2003, please amend the
above-identified patent application as follows:

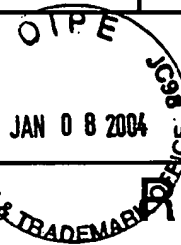
Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are indicated by the notation "currently amended" in the
listing of claims beginning on page 7 of this paper.

Remarks begin on page 12 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)Applicant(s): **NOBUO TAKAHASHI**

Docket No.

11-347419USSerial No.
09/727,499Filing Date
12/04/2000Examiner
V. BALIGroup Art Unit
2623Invention: **APPARATUS AND METHOD OF INPUTTING FINGERPRINTS****TO THE COMMISSIONER FOR PATENTS****RECEIVED**

Transmitted herewith is an amendment in the above-identified application.

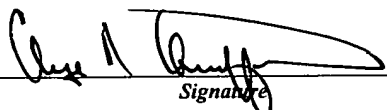
JAN 09 2004

The fee has been calculated and is transmitted as shown below.

Technology Center 2600**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. _____ in the amount of _____
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **50-2041**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.


SignatureDated: **JANUARY 8, 2004**

CLYDE R CHRISTOFFERSON
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11491 SUNSET HILLS ROAD, SUITE 340
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CUSTOMER NO. 30743

I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

CC: